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Aerospace Medicine

***SURVEILLANCE, PREVENTION,
AND CONTROL OF DISEASES AND
CONDITIONS OF PUBLIC HEALTH
OR MILITARY SIGNIFICANCE***

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFD 48-1, *Aerospace Medical Program*, and explains the procedures for surveillance, prevention, and control of diseases and conditions of public health or military significance. It applies to all Air Force military treatment facilities (MTFs) and other units responsible for public health activities. This instruction requires collecting and maintaining information protected by the Privacy Act of 1974. 10 U.S.C., Chapter 55, *Medical and Dental Care*, 10 U.S.C., Sec. 8013, *Power and Duties of the Secretary of the Air Force*, and Executive Order 9397 authorize collection and maintenance of information. Systems Record Notices F044 AF SG R, *Medical Records System*, and *Reporting of Medical Conditions of Public Health and Military Significance*, apply. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFD 37-1, *Information Management* and AFMAN 37-123, *Management of Records* and disposed of in accordance with the *Air Force Records Disposition Schedule (RDS)* located at <https://webrims.amc.af.mil>. Unless otherwise directed, Air Force medical personnel follow the methods for controlling and preventing disease as described in the American Public Health Association publication, *Control of Communicable Diseases Manual*, and the Centers for Disease Control and Prevention (CDC) publication, *Morbidity and Mortality Weekly Report (MMWR)*, and its supplements. Where applicable, the most recent guidelines from these publications are utilized as the standard.

The following surveillance activities can be found elsewhere and are not included in this AFI: Human Immunodeficiency Virus (HIV) Program is found in AFI 48-135; occupational illness reporting, follow Title 29, Code of Federal Regulations, Part 1960, *Occupational Illness and Injury Reporting Guidelines for Federal Agencies*; AF injury prevention and surveillance are managed through the AF Safety Center (IAW AFI 91-204); instructions for suicide event reporting and surveillance are found in AFI 44-154, *Suicide and Violence Prevention, Education and Training*; alcohol and drug abuse reporting and substance use assessment tools are found in AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment Program*. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels to HQ AF/SGOP, 110 Luke Avenue, Room 400, Bolling AFB DC 20032-7050.

SUMMARY OF REVISIONS

This revision incorporates Interim Change IC 2005-1. This interim change incorporates administrative revisions. A "|" indicates revised material since the last edition.

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1. ROLES AND RESPONSIBILITIES

1.1. Headquarters, US Air Force Surgeon General (HQ USAF/SG).

1.1.1. Provides policy guidance on the surveillance, prevention, control, treatment and reporting of diseases and conditions of public health or military significance affecting AF installations.

1.1.2. Ensures compliance with Department of Defense (DoD) directives and instructions and serves as the executive agent for the DoD Influenza Surveillance Program.

1.2. US Air Force Health Care Operations (AF/SGO).

1.2.1. Establishes Air Force policies and guidance for the surveillance, prevention, control and reporting of diseases and conditions of public health or military significance.

1.2.2. Represents AF/SG for surveillance, prevention, and control of diseases and conditions of public health or military significance, or delegates representation for AF/SG involvement, including collaborative research, with other DoD or Federal agencies and organizations.

1.3. Air Force Medical Support Agency (AFMSA).

1.3.1. Executes programs and policies on surveillance, reporting, and prevention and control of diseases and conditions of public health or military significance.

1.3.2. Reviews periodic reports of various disease surveillance, prevention, and control programs and makes recommendations to AF/SGO for improvement.

1.3.3. Utilizes evidence-based information and population health data to assist MTFs in optimizing population health through effective and efficient health care delivery and disease detection, prevention, and control.

1.4. Air Reserve Component (ARC) Surgeons.

1.4.1. Coordinate with AFMSA to provide their component's policies and guidance for prevention, control, surveillance, and reporting of diseases and conditions of public health or military significance.

1.4.2. Ensures Air National Guard (ANG) and AF Reserve (AFR) medical units and Public Health flights report cases of Tri-Service Reportable Events acquired while the member is on active duty status on federal installations to ANG Surgeon General, AFR Command Surgeon General, state/local health officials, and to AFIOH/RSRH, Epidemiology Services Branch.

1.5. Air Force Major Command (MAJCOM) and Air Forces Forward (AFFOR) Surgeons. References to MAJCOMs in this AFI include the Headquarters Air Force Reserve Command (HQ AFRC), Air National Guard (ANG) Readiness Center and other agencies that Headquarters, US Air Force (HQ USAF) designates as "Major Command equivalent."

1.5.1. Provide specific Command policy and guidance to fixed and deployed MTFs for preventing, controlling, treating, and reporting diseases and conditions of public health and military operational significance.

1.5.2. During deployments, ensure that AF medical components transmit reports on exposures, diseases, injuries and fatalities involving deployed personnel. After deployments, ensure that AF medical components forward copies of lessons learned and after action reports to the Joint Universal Lessons Learned System (JULLS) and the Armed Forces Medical Intelligence Center.

1.6. **Air Force Materiel Command (AFMC).** Plans, programs, and provides appropriate resources to the AF Institute for Operational Health (AFIOH) to examine, analyze, report and respond to diseases and conditions that affect the health of AF personnel and their beneficiaries.

1.7. **USAF School of Aerospace Medicine (USAFSAM).** Develops and conducts training on prevention, investigation, control, reporting requirements and applied epidemiology on diseases affecting USAF personnel.

1.8. **Air Force Institute for Operational Health (AFIOH).**

1.8.1. Provides worldwide consultation services to the AF and DoD in public health surveillance, epidemiology, preventive medicine, and outbreak response. Acts as the AF center of excellence for global emerging infections surveillance and response.

1.8.2. Manages, monitors and analyzes surveillance data and other AF-specific data (e.g., AFRESS) for disease trends and reports significant events to appropriate AF and DoD authorities.

1.8.3. Receives deployment health event data from deployed medical personnel, analyzes data for trends, and archives AF deployment surveillance data. Forwards required data elements to the Defense Medical Surveillance System (DMSS) and serum samples to the DoD Serum Repository IAW AF and DoD guidance.

1.8.4. Promotes standardization of laboratory data and information for surveillance, including identifying emerging pathogens and common sources of disease outbreaks.

1.8.5. Manages the DoD influenza surveillance program; coordinates with Service representatives and with the DoD Global Emerging Infections Surveillance and Response System (DoD-GEIS).

1.8.5.1. Identifies sentinel bases for etiology-based influenza surveillance in collaboration with Army, Navy, DoD-GEIS, and CDC POCs.

1.8.5.2. Provides viral collection materials to sentinel bases, and others upon request. Analyzes and reports positive influenza isolates to appropriate personnel at MTFs for notification and follow-up.

1.8.5.3. Generates regular reports during the influenza season and annual report at the end of each influenza season. Provides these reports to sentinel sites, AFMSA, DoD-GEIS, Service and Health Affairs POCs.

1.8.5.4. Coordinates findings in viral identification and typing with the CDC for consideration in the national influenza vaccine selection.

1.8.6. **Air Force Mortality Registry (AFMR).** Conducts data quality assurance and routinely analyzes mortality data for trends.

1.8.7. Provides clinical reference lab and diagnostic services for the AF and DoD, including performing requested AF accessions screening.

1.8.8. Provides medical entomological support to AF installations, including consultation services for vector/pest management, personal protection recommendations, and environmental entomology support (e.g., arthropod identification).

1.8.9. Provides tuberculosis (TB) risk assessment consultative support to AF activities, including guidance on TB risk assessment and prevention of TB transmission. Maintains a current list of

countries/areas with high TB prevalence as well as other deployment-related TB policies and risk assessment procedures on the AFIOH website.

1.8.10. Provides on-site epidemiological response support to AF activities upon request.

1.9. HQ AETC and AF Training Centers.

1.9.1. Collect, analyze, and disseminate information on significant events and mortality from the training populations, and participate in DoD efforts to reduce morbidity and mortality in training populations.

1.9.2. Perform population-based febrile respiratory illness (FRI) surveillance. The Naval Health Research Center (NHRC) in San Diego, California manages this population-based component of the DoD Influenza Surveillance program.

1.9.3. Provide health surveillance, health promotion, disease and injury prevention (including immunization and screening) for recruits and training populations based on the unique population risk characteristics (e.g., age, challenging physical activities, and close living quarters) IAW national recommendations, AF and DoD policies.

1.10. Installation Responsibilities.

1.10.1. **Installation Commander.** Ensures all units/tenants comply with requirements for preventing and controlling diseases, injuries and other reportable conditions.

1.10.1.1. Designates in writing, a Public Health Emergency Officer (PHEO) IAW DoDD 6200.3, *Emergency Health Powers on Military Installations*, to provide medical or public health recommendations in response to public health emergencies.

1.10.1.2. When appropriate, declares a public health emergency and exercises special powers, in consultation with the PHEO, IAW DoDD 6200.3, *Emergency Health Powers on Military Installation*.

1.10.2. **Unit/Squadron Commander.** Ensures personnel report to the MTF for screening, immunizations and medical appointments, as required by the wing, MAJCOM, AF or DoD level directives.

1.10.2.1. Ensures that personnel processing to and arriving from overseas locations (e.g., PCS) report to the MTF for appropriate health assessments, screenings, immunizations and medical exams.

1.10.2.2. Ensures personnel complete appropriate pre- and post-deployment health assessments, screenings, immunizations and medical exams IAW with DoD and AF guidance.

1.10.2.3. Ensures that non-prescription public health countermeasures (e.g., mosquito netting, insect repellent) are available. Ensures personnel obtain required prescription products (e.g., malaria prophylaxis). Directs personnel to comply with recommendations for use.

1.10.3. **Base Civil Engineer.** Collaborates with Bioenvironmental Engineering (BE) and Public Health to ensure the base has a safe water supply, proper sewage and trash disposal, effective disease vector and reservoir control (e.g. insects, rodents), proper site selection, and any other environmental safeguards necessary to reduce illnesses/injuries on the base, taking into consideration operational priorities and resources.

1.10.4. Mission Support Squadron Commander.

1.10.4.1. Ensures that accurate monthly rosters of personnel deploying and returning from deployments are forwarded to the MTF.

1.10.4.2. At overseas bases where indicated, ensures that location-specific medical requirements are on the out-processing checklist (e.g., tuberculosis screening).

1.10.5. Military Treatment Facility (MTF) Commander.

1.10.5.1. Provides for the surveillance and control of diseases, injuries, and conditions that adversely impact the health of the base population, and recommends and takes actions to prevent or reduce their impact.

1.10.5.1.1. Requests consultative epidemiological or laboratory services (e.g., from AFIOH), as needed, to control disease outbreaks, or to investigate unusual health-related conditions.

1.10.5.1.2. Ensures that the designated PHEO has adequate experience and resources to provide assistance to installation commanders in the event of a public health emergency.

1.10.5.2. Ensures Force Health Protection Prescription Products (FHPPP) (e.g., malaria prophylaxis or PB tablets) are appropriately prescribed by a credentialed health care provider. Ensures providers issue FHPPP with a prescription, appropriate education, and documentation on the SF 600.

1.10.5.3. Appoints physician(s) as clinical consultant for TB, HIV, and other communicable disease control measures.

1.10.5.4. Ensures collection, surveillance, prevention and public health activities adhere to AF, DoD, CDC guidelines, and applicable state/local or host nation requirements, and that they are integrated with population health functions.

1.10.5.5. Maintains tuberculosis screening and immunization functions and ensures complete documentation in the current AF immunization tracking system.

1.10.5.6. Ensures collection and surveillance of communicable, environmental, and other reportable disease/conditions (IAW *Tri-Services Reportable Events Guidelines & Cases Definitions* document, see [Attachment 1](#) for URL) and ensures reporting to AFIOH/RSRH and state/local or host nation officials, as appropriate.

1.10.5.7. Ensures contracts involving employee health screening services, provided by the MTF, clearly specify what medical support the MTF can provide.

1.10.5.8. Ensures that health care providers and clinical laboratory personnel notify PH of those patients with reportable diseases or other unusual diseases/conditions.

1.10.5.9. Ensures reportable diseases diagnosed at clinical visits are correctly coded, using the International Classification of Disease (ICD), and entered into current information systems. ICD Codes for reportable events are listed in the *Tri-Service Reportable Events Guidelines and Case Definitions* document (see [Attachment 1](#) for URL).

1.10.5.10. Maintains and supports MTF functions to ensure adequate resources and training for surveillance, prevention and control of diseases and conditions of public health or military significance. Ensures current clinical management guidelines are available to MTF providers.

1.10.5.11. Ensures compliance with the requirements of the DoD Influenza Surveillance Program.

1.10.5.12. Ensures the MTF uses AF and CDC guidance for disease surveillance, prevention, detection, treatment, and control.

1.10.5.13. Ensures MTF complies with rabies prevention and control program requirements IAW current state/local and CDC guidelines.

1.10.6. Public Health (PH) (Active Component Only).

1.10.6.1. Conducts community or location-specific public health surveillance, which includes chemical, biological, radiological, and nuclear (CBRN) terrorism and syndromic surveillance. Provides information to the MTF commander and medical staff as necessary.

1.10.6.2. Conducts and manages epidemiological surveillance and contact interviews, and serves as a non-clinical consultant on disease prevention, education and control programs. In the event of a suspected or declared public health emergency, these activities (including reporting) shall be conducted in coordination with the PHEO, as appropriate.

1.10.6.3. Informs the MTF Commander, providers, the PHEO, AFIOH/RSRH, and, if deployed, the Joint Task Force/Theater Surgeon of the incidence, prevalence, modes of transmission, and recommended control measures for diseases/conditions of PH or military significance.

1.10.6.4. Maintains a surveillance system that tracks incidence and trends of reportable diseases and conditions of public health significance. Assistance for establishing a local program is available from AFIOH/RSRH.

1.10.6.5. Establishes a program to evaluate risks for vector-borne and zoonotic disease in the local geographical area and establishes a risk mitigation program. Assistance for establishing a local program is available from AFIOH/RSRH.

1.10.6.6. Establishes liaisons with the state/local or host nation public health officials. Maintains awareness of local epidemiological activities, including local surveillance, prevention, and control capabilities.

1.10.6.7. Completes disease-specific case investigation forms as mandated by state/local or host nation health officials. Ensures reportable diseases (including conditions of public health or military significance), are reported to appropriate authorities and entered into the Air Force Reportable Events Surveillance System (AFRESS).

1.10.6.8. Reviews test results provided by the laboratory and other electronic data sources to ensure timely identification and investigation of reportable and communicable infections, including disease/conditions of PH or military significance not identified in the *Tri-Service Reportable Events Guidelines and Case Definitions* document (See [Attachment 1](#) for URL).

1.10.6.9. Disseminates information derived from PH surveillance in a timely manner. This includes periodic feedback to health care providers and to appropriate MTF committees (e.g., aerospace medicine council, population health working group, professional staff, occupational health working group, and infection control) regarding incidence or prevalence of diseases and conditions of interest or importance.

1.10.6.10. Reviews MTF surveillance data and conducts investigations as appropriate. At a minimum, this syndromic surveillance will include respiratory (influenza-like illness), gastrointestinal, febrile illness (fever), and dermatologic conditions.

1.10.6.11. Conducts special surveillance not specified by this directive as appropriate. Conditions not identified as reportable in the *Tri-Service Reportable Events Guidelines and Case Definitions* document (See [Attachment 1](#) for URL) may require special surveillance activities when the local risk is significant. Such decisions are based on the local threat assessment from civilian and installation morbidity and mortality reports and military medical intelligence.

1.10.6.12. Transmits to AFIOH/RSRH, within 24 hours, conditions determined to be *Urgently Reportable* (list of *Urgently Reportable Conditions* is available at the AFIOH website, see [Attachment 1](#) for URL)

1.10.6.13. At sentinel influenza surveillance sites, provides the PCM team with program instructions and updates, including the case definition for influenza-like illness. Coordinates with the PCM team to ensure the influenza questionnaire is sent to AFIOH/RSRH using the prescribed mechanism.

1.10.6.14. Interviews individuals with communicable infections that require contact tracing IAW CDC guidelines.

1.10.6.15. Refers contacts of patients with reportable diseases or diseases/conditions of PH or military significance, if eligible, for medical care and counseling within the MTF; refers non-beneficiaries to the health department in their area of residence. Air Reserve Component (ARC) PH will ensure that reportable disease information is sent to AFIOH and to the state/local public health officials.

1.10.6.16. Epidemiologically monitors and communicates rabies risk in the local area to MTF providers and reports exposures (potential or confirmed cases) IAW state/local, Federal, or AF.

1.10.6.17. Manages all information collected in an interview, or in a questionnaire as confidential IAW the Health Insurance Portability and Accountability Act (HIPAA). Contact tracing information should be treated IAW 10 U.S.C. § 654.

1.10.6.18. Performs disease outbreak investigations and works with the Chief, Aerospace Medicine Services to advise the MTF Commander on the management and control of disease outbreaks.

1.10.6.19. Consults with the Epidemiology Services Branch (AFIOH/RSRH), and state/local public health authorities to control and report outbreak investigations.

1.10.7. **Public Health Emergency Officer (PHEO).**

1.10.7.1. Coordinates public health emergency planning and response with the Medical Defense Officer or bioenvironmental engineer, casualty management officer, public health officer, and public affairs personnel, as appropriate.

1.10.7.2. Verifies the existence of cases suggesting a possible public health emergency, which includes identifying and investigating cases for sources of exposure and defining the distribution of the illness or health condition.

1.10.7.3. When a public health emergency is declared, the PHEO shall advise the installation commander of appropriate actions IAW DoDD 6200.3.

1.10.8. Clinical Laboratory.

1.10.8.1. Notifies providers and PH of reportable diseases/conditions meeting laboratory criteria for diagnosis as listed in the *Tri-Service Reportable Events Guidelines and Case Definitions* document (see [Attachment 1](#) for URL). Notifies PH of any unusual pattern of laboratory testing or significant increase in incidence of a disease.

1.10.8.2. Participates in the CDC Laboratory Response Network for Bioterrorism and Chemical Terrorism. Identifies potential offensive biological and chemical agents and reports IAW CDC-DoD notification protocols. Facilitates process for forwarding clinical and environmental specimens (e.g., unusual pathogens, antibiotic-resistant strains, chemical and radiological exposures), where appropriate or required, to DoD or civilian reference labs.

1.10.8.3. During epidemiological and outbreak investigations, coordinates with PH on appropriate sample collection protocols, test availability, and result reporting.

1.10.8.4. For influenza surveillance, etiology-based sentinel MTFs will send respiratory specimens weekly during influenza season (usually October to May or year-round if indicated), as directed by AFIOH.

1.10.9. MTF Information Management Officer. Maintains systems to support reporting and surveillance activities, including immunization tracking databases.

1.10.10. MTF Medical and Dental Providers.

1.10.10.1. Deliver effective disease prevention and control programs. Counsel individuals on communicable diseases, risk factor reduction, and early recognition of symptoms.

1.10.10.2. Refer patients to PH with reportable conditions listed in the *Tri-Service Reportable Events Guidelines and Case Definitions* (see [Attachment 1](#) for URL), Air Force specific reportable diseases (listed on the AFIOH website, see [Attachment 1](#) for URL), diseases that require contact tracing, or those required by state/local, or host nation directives. Diseases/conditions that have PH impact or military significance are also reported to PH.

1.10.10.3. Use case definitions outlined in the *Tri-Service Reportable Events Guidelines and Case Definitions* document (see [Attachment 1](#) for URL). If a case definition is not available in the Tri-Service Guidelines, use CDC guidelines and case definitions.

1.10.10.4. Report to PH, within 24 hours, conditions determined to be *Urgently Reportable* (list of *Urgently Reportable* conditions available at AFIOH website, see [Attachment 1](#) for URL). Ensure appropriate reporting through chain of command.

1.10.10.5. At sentinel influenza surveillance sites, identifies patients meeting the case definition for influenza, collects respiratory specimen, and ensures completion of the influenza questionnaire.

1.10.10.6. Provide pre- and post-exposure prophylaxis, including vaccines, IAW AF, DoD, COCOM policies and CDC guidelines or the Advisory Committee on Immunization Practices (ACIP) recommendations.

1.10.10.7. Screen, treat, and follow up with personnel with communicable infections IAW AF, DoD, CDC and the US Preventive Services Task Force recommendations, taking into account the local epidemiology and high-risk groups.

1.10.10.8. Initiate and complete DD Form 2341, Report of Animal Bite—Potential Rabies Exposure, for all patients presenting with animal bites or scratches and ensure that these patients are assessed, treated (to include tracking patients for completion of rabies prophylaxis when necessary), and educated IAW current CDC guidelines. This process must include coordination between MTF health care providers and the Army Veterinary Control Officer or local animal control officials to determine the rabies risk (and thus, appropriate patient rabies prophylaxis) in the biting/scratching animal using the information available from laboratory testing, quarantine, or local rabies prevalence in the particular species when laboratory testing or quarantine is not possible. Providers may consult PH for local rabies prevalence and most current rabies prophylaxis recommendations/guidelines.

1.10.11. Bioenvironmental Engineering (BE)

1.10.11.1. Performs occupational and environmental health surveillance (e.g., toxic industrial materials, CBRN agents, etc).

1.10.11.2. Conducts sampling and identification of suspect substances. Coordinates sampling and identification plans with the base civil engineer and reports findings and results through appropriate command channels.

1.10.11.3. Provides recommendations for respiratory protection equipment, as necessary, and manages those requiring respiratory protection per AFOSH 48-137.

1.10.11.4. Provides expertise on engineering controls that provide protection against CBRN agents.

1.10.12. Air Reserve Component Medical Units. Report cases of Tri-Service Reportable Events (see [Attachment 1](#) for URL) acquired while the member is on a duty status on federal installations to Air National Guard Surgeon General or Headquarters Air Force Reserve Command Surgeon General; and to AFIOH/RSRH; and their respective local PH authorities.

2. SPECIFIC PROGRAM ATTACHMENTS

2.1. Childhood Blood Lead Screening. Instructions for MTFs to identify children who are at risk for lead exposure are found in [Attachment 2](#).

2.2. Tuberculosis (TB) Prevention and Control Program. Specific components for effective TB prevention and control are in [Attachment 3](#).

3. Forms Adopted. AF Form 847, **Recommendation for Change of Publication**, Standard Form 600, DD Form 2341, **Report of Animal Bite-Potential Rabies Exposure**, DD Form 2766, **Adult Preventive**

and Chronic Care Flowsheet, Public Health Service Form 731, **International Certificates of Vaccination**, AF Form 2453, **Tuberculosis Detection and Control Data**.

GEORGE PEACH TAYLOR, JR., Lt General,
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Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 37-1, *Records Management Programs*

AFPD 48-1, *Aerospace Medicine Program*

AFI 32-1067, *Water Systems*

AFI 44-102, *Community Health Management*

AFI 44-108, *Infection Control Program*

AFI 48-102, *The Medical Entomology Program*

AFJI 48-110, *Immunizations and Chemoprophylaxis*

AFI 48-116, *Food Safety Program*

AFI 48-119, *Medical Service Environmental Quality Programs*

AFJI 48-131, *Veterinary Health Services (Joint AFI)*

AFI 48-135, *Human Immunodeficiency Virus (HIV) Program*

AFI 91-204, *Safety Investigations and Reports*

AF Institute for Operational Health (AFIOH) website: <http://www.brooks.af.mil/afioh/>

AFMAN 37-123, *Information Management*

AFMAN 37-139, *Records Disposition Schedule*

ASD (HA) Memo 95009, 26 June 95, *Modification of Pediatric Blood Lead Screening Program*.

CJCS Memo MCM-0006-02, *Updated Procedures for Deployment Health Surveillance and Readiness*, 1 February 2002.

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DoDI 6490.3, *Implementation and Application of Joint Medical Surveillance for Deployments*

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CDC. *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities*, MMWR 1994;43 (No. RR-13).

CDC. *Human Rabies Prevention - United States, 1999, Recommendations of the Advisory Committee on Immunization Practices (ACIP)*. MMWR 1999; 48 (No. RR-1).

CDC. *Recommendations for the Prevention and Management of Chlamydia trachomatis Infections*, MMWR 1993;42 (No. RR-12).

CDC. *Guidelines for Infection Control in Dental Health-care Settings*. MMWR 2003; 52(No. RR-17): 1-61.

Federal Register 29 CFR Part 1910.1030, *Occupational Exposure to Blood Pathogens; Final Rule*.

Federal Register 29 CFR 1960, *Occupational Illness and Injury Reporting Guidelines for Federal Agencies*.

OSHA CPL 2.106, *Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis TB Respiratory Protection Program in Health Care Facilities, Administrator's Guide*, NIOSH, CDC, (1999, September) publication 99-143.

The "Red Book," 26th edition, June 2003 or most recent version, American Academy of Pediatrics Title 10, United States Code (USC), Section 8013, Medical Records System.

10 U.S.C., Chapter 55, *Medical and Dental Care*

10 U.S.C., Sec. 8013, *Power and Duties of the Secretary of the Air Force*, and Executive Order 9397

Systems Record Notices F044 AF SG E, *Medical Records System, and Reporting of Medical Conditions of Public Health and Military Significance*

National Fire Protection Association (NFPA) Standard 1582

Tri-Service Reportable Events, Guidelines and Case Definitions document, Army Medical Surveillance Activity. Available at http://amsa.army.mil/documents/DoD_PDFs/May04TriServREGuide.pdf

American Academy of Pediatrics. In: Peter G, ed. 2003 *Red book: Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL.

US Preventive Services Task Force, *Screening Tuberculosis Infection, Guide to Clinical Preventive Services*, 2nd edition, 1996 or most recent update.

Abbreviations and Acronyms

AETC—Air Education and Training Command

AFFOR—Air Force forces

AFI—Air Force instruction

AFIOH—Air Force Institute for Operational Health

AFIOH/RSRH—Epidemiology Services Branch

AFIOH/SDE—Epidemiological Surveillance Division

AFMC—Air Force Materiel Command

AFMIC—Armed Forces Medical Intelligence Center

AFMSA—Air Force Medical Support Agency

AFMR—Air Force Mortality Registry

AFOSH—Air Force Occupational Safety and Health

AFPD—Air Force Policy directive

AFR—Air Force Reserve

AFRESS—Air Force Reportable Events Surveillance System

BE—bioenvironmental engineer

BLLS—blood lead levels

CBRN—chemical, biological, radiological, and nuclear

CDC—Centers for Disease Control and Prevention

DMSS—Defense Medical Surveillance System

DOD—Department of Defense

DODD—Department of Defense Directive

DOD-GEIS—DoD Global Emerging Infections Surveillance and Response System

DODI—Department of Defense Instruction

ESSENCE—Electronic System for Early Notification of Community-based Epidemics

FHPPP—Force Health Protection Prescription Products

HIPAA—Health Insurance Portability and Accountability Act

HIV—Human Immunodeficiency Virus

ICD—International Classification of Disease

INH—Isoniazid

JULLS—Joint Universal Lessons Learned System

LTBI—latent tuberculosis infection

MDO—medical defense officer

MAJCOM—major command

MMWR—Morbidity and Mortality Weekly Report

MTF—Medical Treatment Facility

OSHA—Occupational Safety and Health Administration

PB—Pyridostigmine Bromide

PCS—Permanent Change of Station

PH—Public Health

PHEO—Public Health Emergency Officer

SG—Surgeon General

SGH—Chief of Medical Staff

STI—Sexually Transmitted Infection

TB—Tuberculosis

TST—Tuberculin Skin Test

URL—Universal Resource Locate

USAFA—United States Air Force Academy

USC—United States Code

WHO—World Health Organization

Terms

Accessions—Service accessions include service members in recruit training, Officer Candidate School, Service Academy preparatory school, Service academy, Officer-indoctrination school, other officer accession programs, and officers that are directly commissioned.

Air Force Reserve Component (ARC)—Reserve forces that include the Air National Guard and the Air Force Reserve Command

Diseases and conditions of public health or military significance—These are diseases or health conditions that impact the health or readiness of Air Force personnel, their dependents, or other eligible personnel and which have a potential for substantial mission degradation, widespread morbidity, or significant adverse sequelae or mortality.

High-risk TB prevalence country/area—A country or geographical area with a high prevalence of tuberculosis as determined by the AFIOH in conjunction with the Armed Forces Medical Intelligence Center (AFMIC), World Health Organization (WHO) and other health agencies.

Nonreportable STIs—STIs that are not included on the list of *Tri-Service Reportable Events*. Patients with these diseases may be referred to PH for education, sexual contact identification, and follow-up, as appropriate.

Public Health Surveillance—The regular or repeated collection, analysis, and dissemination of uniform health information for monitoring the health of a population, and intervening in a timely manner when necessary.

Public Health Emergency Officer (PHEO)—A senior health professions military officer or DoD civilian employee, designated by the installation commander, with experience in preventive medicine/emergency response who is responsible for advising the installation commander in the exercising of emergency health powers (as outlined in DoDD 6200.3) in the event of a suspected or confirmed public health emergency.

Reportable STIs—Patients with diseases identified as reportable in the *Tri-Service Reportable Events Guidelines and Case Definitions*. These patients should be referred to PH for sexual contact identification, evaluation, education, and annual reporting.

Screening—A method for early detection of disease or health problem before an individual would normally seek medical care. Screening tests are usually administered to individuals without current symptoms, but who may be at high-risk for certain adverse health outcomes.

STIs—These are infections commonly transmitted by sexual intercourse. The diseases specified in the CDC's *Sexually Transmitted Diseases Treatment Guidelines* will be considered STIs for this AFI.

Syndromic Surveillance—The surveillance of disease syndromes (groups of signs and symptoms), rather than specific, clinical, or laboratory-defined diseases. Surveillance of syndromes recorded at the time of patient visit, instead of specific diagnoses reported after laboratory or other diagnostic procedures, can greatly lessen the time it takes to determine that an outbreak is occurring (ESSENCE is an example of a syndromic surveillance system).

Attachment 2**CHILDHOOD BLOOD LEAD SCREENING**

A2.1. The objective of this program is to identify children living on and off base who are at risk for environmental lead exposure IAW CDC guidelines and state/local regulations.

A2.1.1. Military Treatment Facility Commander ensures MTFs implement an effective Childhood Blood Lead Screening program IAW CDC guidelines and state/local regulations.

A2.1.2. Chief of Medical Staff (SGH) coordinates with PH to ensure the development of a risk assessment questionnaire for targeted lead screening (see paragraphs A1.3.2 and A1.3.3). This questionnaire supplements the CDC's standard lead exposure screening questions and reflects the community-specific lead exposure risk.

A2.1.3. Primary Care Management (PCM) Team

A2.1.3.1. Provides parents with educational materials about prevention and risk of childhood lead exposure.

A2.1.3.2. Conducts universal childhood blood lead testing when required by state/local regulations. Otherwise, PCM team will conduct targeted or risk-based screening IAW CDC guidelines.

A2.1.3.3. Conducts targeted screening through risk assessment questionnaire beginning at 9-12 months of age and periodically between 24 months to 6 years of age. Ensures completed questionnaires are placed in medical records.

A2.1.3.3.1. Children with one or more lead-exposure risk factors will receive blood lead testing. Uses CDC guidelines for instructions on blood lead sampling technique, treatment and follow-up of elevated blood lead levels (BLLs).

A2.1.3.3.2. Refers all children with BLLs $\geq 10\mu\text{g/dl}$ to public health.

A2.1.4. Public Health

A2.1.4.1. Initiates a lead toxicity investigation for any confirmed pediatric BLLs greater than or equal to $10\mu\text{g/dl}$. Coordinates with BE for lead sampling of the facility based on epidemiological data IAW CDC and OSHA guidelines.

A2.1.4.1.1. Reports all BLLs greater than or equal to $10\mu\text{g/dl}$ to AFIOH/RSRH using AFRESS.

A2.1.4.1.2. Submits periodic reports of blood-lead laboratory results to AFIOH/RSRH. Reports an elevated venous blood test once per patient (follow-up test results on the same patient are not counted again).

A2.1.4.1.3. Provides findings from lead toxicity investigation to the patient's PCM team.

A2.1.5. AFIOH/RSRH

A2.1.5.1. Provides surveillance and maintains a historical database of past pediatric blood lead screening results from each installation.

A2.1.5.2. Reports significant findings or unusual trends on blood lead results to AFMSA and submits an annual fiscal year summary of the Childhood Blood Lead Screening Program.

Attachment 3

TUBERCULOSIS (TB) DETECTION AND CONTROL PROGRAM

A3.1. The objective of this program is to align the AF TB program with the national program to eliminate tuberculosis IAW current CDC guidelines. The AFMS uses current CDC guidelines for TB prevention and control; the following guidance is intended to cover areas where CDC guidance does not exist.

A3.2. The AF TB screening program will be a targeted program. Except for an initial TB test upon accession (baseline test), the TB testing program for Air Force personnel will be limited to individuals with high-risk TB exposure or those with clinical indications for testing.

A3.3. Military Treatment Facility Commanders:

A3.3.1. Ensure MTFs implement an effective TB control program IAW current CDC guidelines.

A3.3.2. Ensure a written plan on Prevention of TB Transmission for health care workers is completed. The plan will include a multi-disciplinary health care team (i.e. Infection Control, PH, BEE, etc.) evaluation and a written TB risk assessment IAW CDC guidelines or in consultation with AFIOH. The plan will also include appropriate respiratory protection for potentially exposed health care workers, effective engineering controls, education, counseling and evaluation (i.e., periodic testing based on MTF risk-assessment category) of health care workers, and how to identify and treat individuals with active or latent tuberculosis infection (LTBI).

A3.4. Public Health:

A3.4.1. Coordinates with the Infection Control Committee and Bioenvironmental Engineers, to ensure compliance with relevant Occupational Safety and Health Administration (OSHA) guidelines for the control of occupational exposure to tuberculosis.

A3.4.2. Reviews the plan on Prevention of TB Transmission annually and recommends risk-based procedures for screening, control and protection against TB, IAW CDC guidelines. Coordinates the review with the Infection Control Committee and Bioenvironmental Engineers.

A3.4.3. Conducts risk assessment of personnel, including re-deployers, and beneficiaries returning from high-risk TB endemic countries, to determine the frequency of TB skin testing.

A3.4.4. Performs the initial LTBI patient interview IAW CDC guidelines and refers patient to PCM.

A3.4.5. Performs contact tracing IAW CDC guidelines, and ensures these personnel are screened for TB.

A3.4.6. Monitors local TB risk and provides prevention and education messages for the installation population.

A3.4.7. Reports active TB cases within 24 hours to AFIOH/RSRH.

A3.5. Immunization Technician or Personnel Administering Tuberculin Skin Test (TST)

A3.5.1. Follow current CDC guidance on testing procedures and interpretation of tests. The AF TB testing program will be a targeted program. Except for an initial TB test upon accession, AF personnel (including deployers and other forward-based personnel) will only be tested when they have high-risk

exposures; high risk occupations (e.g., health care workers working in MTFs with TB risk category prompting testing, firefighters IAW National Fire Protection Association (NFPA) 1582, Annex A standards); or are employees with clinical indications for testing as per local Aerospace Medicine Council recommendation (e.g., child care workers).

A3.5.2. The Mantoux tuberculin skin test (TST) is the current standard test for identifying LTBI. Only immunization clinic personnel or personnel formally trained on TST techniques will place and read TB (IPPD) skin tests.

A3.5.3. Perform TST for AD and ARC members during initial processing at officer or enlisted accession centers, or at first duty station.

A3.5.3.1. Perform annual TST for all individuals stationed in a high-prevalence overseas area and who have direct and prolonged contact with high-risk populations or have high-risk exposure. Perform another TST at 3 months (no later than 6 months) after returning to CONUS, or upon transferring to a low TB prevalence OCONUS location.

A3.5.3.2. The individual's Combatant Command may direct additional TB testing. When the Combatant Command defers to Service policy for TB testing, then the following applies:

A3.5.3.2.1. Individuals who deployed to high-prevalence areas for greater than or equal to 30 consecutive days and who had direct and prolonged contact with the local population or had high-risk or known exposure to an active TB case should receive a TB test at 3 months (no later than 6 months) post-deployment.

A3.5.3.2.2. Testing more frequently than every 12 months is not necessary for personnel who deploy regularly to high prevalence areas unless they have other risk factors for TB.

A3.5.4. Perform TST for health care workers (including civilians, contractors, and volunteers) upon employment/volunteer service if they have not been tested within the previous 12 months. Baseline TST (using a two-step TST) is recommended for all health care workers who will be retested periodically, IAW CDC guidelines. Repeat or interval testing for health care workers is based on risk assessment and classification of the facility of employment, IAW CDC guidelines or in consultation with AFIOH.

A3.5.5. Perform baseline and subsequent TST for family members and other beneficiaries IAW CDC guidelines.

A3.5.5.1. Baseline TB testing is indicated for individuals who are PCSing to a high TB prevalence country and who have not been previously tested. Testing should be completed prior to departure.

A3.5.5.2. Baseline TB testing is indicated prior to overseas travel if individuals anticipate prolonged contact with population in settings at high-risk for infectious TB (e.g., hospital, prison or homeless shelter).

A3.5.6. Delay the TST at least four weeks *after* live-virus vaccine administration, unless operational or clinical circumstances require administration of TST on the same day.

A3.5.7. Measure and record TST reactions in millimeters of induration, and record the results in the Air Force automated immunization tracking system; on DD Form 2766, *Adult Preventive and Chronic Care Flowsheet* (or equivalent); and, optionally, on the Public Health Service Form 731, *International*

Certificates of Vaccination. Do not delete previous TB tests in the AF automated immunization-tracking system.

A3.5.8. Refer all individuals with greater than or equal to 5 mm induration to PH. If active TB is suspected, alert the Infection Control Officer, the PCM team, and PH to ensure that appropriate precautionary infection control measures are applied.

A3.6. Primary Care Management (PCM) team:

A3.6.1. Evaluates all individuals with TST induration greater than or equal to 5 mm and classify the tuberculin reaction as *positive* or *negative* IAW CDC guidelines.

A3.6.2. Records positive reactions, initial, and follow-up care on the AF Form 2453, *Tuberculosis Detection and Control Data*. Places the AF Form 2453 in the patient's medical record upon completion of medical treatment.

A3.6.3. Ensures all patients with LTBI or active TB are referred to PH for contact tracing, education, and reporting.

A3.6.4. Evaluates patients for active disease. Provides clinical management and follow-up of patients with LTBI or active TB from the initial visit to completion of treatment, IAW CDC guidelines.

A3.6.5. Ensures personnel on flying status are grounded for the first 7 days of treatment. If the services of the flyer are of a critical nature (e.g. in a combat zone or for alert force manning) and active TB has been ruled out, INH therapy can be delayed for up to 18 months. During this time, the flight surgeon will continue to monitor the flyer closely until his/her services are no longer critical. At that point, the flight surgeon will initiate INH therapy.

Attachment 4**IC 2005-1 TO AFI 48-105, SURVEILLANCE, PREVENTION, AND CONTROL OF DISEASE AND CONDITIONS OF PUBLIC HEALTH OR MILITARY SIGNIFICANCE****1 MARCH 2005****SUMMARY OF REVISIONS**

This revision incorporates Interim Change IC 2005-1. This interim change incorporates administrative revisions. A "|" indicates revised material since the last edition.

1.10.5.6. Ensures collection and surveillance of communicable, environmental, and other reportable disease/conditions (IAW *Tri-Services Reportable Events Guidelines & Cases Definitions* document, see [Attachment 1](#) for URL) and ensures reporting to AFIOH/RSRH and state/local or host nation officials, as appropriate.

1.10.5.9. Ensures reportable diseases diagnosed at clinical visits are correctly coded, using the International Classification of Disease (ICD), and entered into current information systems. ICD Codes for reportable events are listed in the *Tri-Service Reportable Events Guidelines and Case Definitions* document (see [Attachment 1](#) for URL).

1.10.6.8. Reviews test results provided by the laboratory and other electronic data sources to ensure timely identification and investigation of reportable and communicable infections, including disease/conditions of PH or military significance not identified in the *Tri-Service Reportable Events Guidelines and Case Definitions* document (See [Attachment 1](#) for URL).

1.10.6.11. Conducts special surveillance not specified by this directive as appropriate. Conditions not identified as reportable in the *Tri-Service Reportable Events Guidelines and Case Definitions* document (See [Attachment 1](#) for URL) may require special surveillance activities when the local risk is significant. Such decisions are based on the local threat assessment from civilian and installation morbidity and mortality reports and military medical intelligence.

1.10.6.12. Transmits to AFIOH/RSRH, within 24 hours, conditions determined to be *Urgently Reportable* (list of *Urgently Reportable Conditions* is available at the AFIOH website, see [Attachment 1](#) for URL)

1.10.8.1. Notifies providers and PH of reportable diseases/conditions meeting laboratory criteria for diagnosis as listed in the *Tri-Service Reportable Events Guidelines and Case Definitions* document (see [Attachment 1](#) for URL). Notifies PH of any unusual pattern of laboratory testing or significant increase in incidence of a disease.

1.10.10.2. Refer patients to PH with reportable conditions listed in the *Tri-Service Reportable Events Guidelines and Case Definitions* (see [Attachment 1](#) for URL), Air Force specific reportable diseases (listed on the AFIOH website, see [Attachment 1](#) for URL), diseases that require contact tracing, or those required by state/local, or host nation directives. Diseases/conditions that have PH impact or military significance are also reported to PH.

1.10.10.3. Use case definitions outlined in the *Tri-Service Reportable Events Guidelines and Case Definitions* document (see [Attachment 1](#) for URL). If a case definition is not available in the *Tri-Service Guidelines*, use CDC guidelines and case definitions.

1.10.10.4. Report to PH, within 24 hours, conditions determined to be *Urgently Reportable* (list of *Urgently Reportable* conditions available at AFIOH website, see [Attachment 1](#) for URL). Ensure appropriate reporting through chain of command.

1.10.12. **Air Reserve Component Medical Units.** Report cases of Tri-Service Reportable Events (see [Attachment 1](#) for URL) acquired while the member is on a duty status on federal installations to Air National Guard Surgeon General or Headquarters Air Force Reserve Command Surgeon General; and to AFIOH/RSRH; and their respective local PH authorities.

2.1. **Childhood Blood Lead Screening.** Instructions for MTFs to identify children who are at risk for lead exposure are found in [Attachment 2](#).

2.2. **Tuberculosis (TB) Prevention and Control Program.** Specific components for effective TB prevention and control are in [Attachment 3](#).

A2.1.4.1. Initiates a lead toxicity investigation for any confirmed pediatric BLLs greater than or equal to 10 µg/dl. Coordinates with BE for lead sampling of the facility based on epidemiological data IAW CDC and OSHA guidelines.

A2.1.4.1.1. Reports all BLLs greater than or equal to 10 µg/dl to AFIOH/RSRH using AFRESS.

A2.1.3.3.2. Refers all children with BLLs greater than or equal to 10 µg/dl to public health.

A3.5.3.2.1. Individuals who deployed to high-prevalence areas for greater than or equal to 30 consecutive days and who had direct and prolonged contact with the local population or had high-risk or known exposure to an active TB case should receive a TB test at 3 months (no later than 6 months) post-deployment.

A3.5.8. Refer all individuals with greater than or equal to 5 mm induration to PH. If active TB is suspected, alert the Infection Control Officer, the PCM team, and PH to ensure that appropriate precautionary infection control measures are applied.

A3.6.1. Evaluates all individuals with TST induration greater than or equal to 5 mm and classify the tuberculin reaction as *positive* or *negative* IAW CDC guidelines.